



PATENT  
Attorney Docket No.31640-134353

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re PATENT APPLICATION OF ) Group Art Unit: 1646  
Applicants: David KLATZMANN, *et al.* )  
Application No.: 08/983,474 ) Examiner: Prema MERTZ  
Filed: June 30, 1998 ) Attorney Docket No.: 31640-134353  
For:  $\alpha$ - $\beta$  C4BP-TYPE RECOMBANANT )  
HETEROMULTIMERIC PROTEINS ) Customer No. 26694  
 )  
 ) PATENT TRADEMARK OFFICE  
)

**COMMUNICATION**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

This Communication is responsive to two Interview Summaries which were included with the Notice of Allowance and Notice of Allowability for the above-referenced application, dated February 22, 2006.

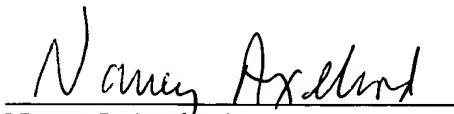
One of the Interview Summaries is dated February 14, 2006. The other Interview Summary, dated October 5, 2005, was apparently inadvertently not sent to applicants until now.

Applicants are in agreement with the substance of both of these Interview Summaries, as presented by the Examiner.

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 22-0261, under Order No. 31640-134353.

Respectfully submitted,

Date: March 17, 2006

  
\_\_\_\_\_  
Nancy J. Axelford  
Registration No. 44,014  
VENABLE LLP  
Post Office Box 34385  
Washington, D.C. 20043-9998  
Telephone: (202) 344-4000  
Telefax: (202) 344-8300

::ODMA\PCDOCS\DC2DOCS\733913\1



J3

Tfw

PTO/SB/17 (12-04v2)  
Approved for use through 7/31/2006. OMB 0551-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

*Effective on 12/03/2004.*

*Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).*

## FEE TRANSMITTAL For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **(\$)** **0.00**

### Complete if Known

Application Number	08/983,474
Filing Date	June 30, 1998
First Named Inventor	David Klatzmann
Examiner Name	Prema Mertz
Art Unit	1646
Attorney Docket No.	31640-134353

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of  Credit any overpayments  
 fee(s) under 37 CFR 1.16 and 1.17

### FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

<u>Small Entity Fee (\$)</u>
------------------------------

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
---------------------	---------------------	-----------------	----------------------

- 20 or HP \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

##### Multiple Dependent Claims

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-----------------	----------------------

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
----------------------	---------------------	-----------------	----------------------

- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
---------------------	---------------------	---	-----------------	----------------------

- 100 = \_\_\_\_\_ /50 \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

Fees Paid (\$)

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

<u>SUBMITTED BY</u>		<u>Registration No.</u> (Attorney/Agent)	<u>Telephone</u>
Signature	<u>Nancy J. Axelrod</u>	44,014	
Name (Print/Type)	Nancy J. Axelrod	Date	March 17, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.